



Incident Report

Print Date/Time: 08/16/2016 09:38
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00015992

Incident Date/Time: 8/13/2016 2:34:48 PM
Location: SR 9 NE / SR 204
LAKE STEVENS WA 98258
Phone Number: (425) 301-7097
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0144-Michael

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	KOKULAK, ROBERT LEE	29020 223RD AVE Arlington WA 982235377			Male	11/02/1969
1	Driver	LEE, HANKOO	214 N 185TH ST Shoreline WA 981333840	(206) 334-6326		Male	01/12/1994
2	Driver	KOKULAK, ROBERT LEE	29020 223RD AVE Arlington WA 982235377			Male	11/02/1969

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						B80202T	
Involved Vehicle						BAB5836	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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08/13/2016 : 14:36:28 SP0401 Narrative: *** LOC UPDATED *** NON BLKIN, NON INJ, WHI DODGE 550 VS BLK KIA
08/13/2016 : 14:35:12 SP0401 Narrative: CC, 2 AGO, 2 VEH COL

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E573608**CASE # **2016-15992**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **08** - **13** - **2016** **1433** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**SR9**

BLOCK NO.

MILE POST

DISTANCE

500 **00**

MILES

FEET

OF (REFERENCE OR CROSS STREET)

SR 204

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 2063346326

LAST NAME

LEE

FIRST NAME

HANKOOMIDDLE
INITIALSTREET
NEW ADDRESS**214 N 185TH ST**

CITY

SHORELINE

ST

WA

ZIP

981333840

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S
LICENSE #**LEE**H*065BK**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**01****12****1994**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**BAB5836**

STATE

WA

VIN#

KNAF121X65327246TRAILER
PLATE #

STATE

WATRAILER
PLATE #**WA**

STATE

WAVEH. YEAR **2006**

MAKE

KIA

MODEL

SPEC4D

STYLE

SDVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

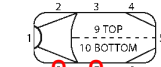
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **HANKOO LEE 214 N 185TH ST SHORELINE WA 98133**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #**STATE FARM INSURANCE 3989532A2147**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

KOKULAK

FIRST NAME

ROBERTMIDDLE
INITIAL**L**STREET
NEW ADDRESS**29020 223RD AVE NE**

CITY

ARLINGTON

ST

WA

ZIP

982235377

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**KOKULRL317QB**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**11****02****1969**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**B80202T**

STATE

WA

VIN#

3D6WU7EL2BG595792TRAILER
PLATE #

STATE

WATRAILER
PLATE #**WA**

STATE

WAVEH. YEAR **2011**

MAKE

DODG

MODEL

SERV

STYLE

CBVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

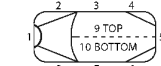
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **INFRA SOURCE LLC LSE 14103 STEWART RD SUMNER WA 98390 D: 4258646154**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #**OLD REPUBLIC INSURANCE MWBT307275**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

A. MICHAEL #0144

BADGE OR ID #

0144

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E573608**CASE # **2016-15992**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Vehicles 1 and 2 had just turned northbound onto SR 9 from SR 204. Vehicle 1 was in the outside lane while Vehicle 2 was in the inside lane.

As both accelerated at equal rate, Vehicle 1 began leaving it's lane and entered the inside lane which was already occupied by V2. V1 crashed into V2 in the inside lane.

I contacted both drivers at the scene. Driver of V1 admitted that he fell asleep while driving because he had been driving for a while.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

A. MICHAEL #0144
08-14-16 03:28 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 0079
8/14/2016 5:40:09 PM

BADGE OR ID #	0144	ORI #	WA0311900	TIME POLICE DISPATCHED	2:34 PM	TIME POLICE ARRIVED	2:41 PM
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REPORT NO. E573608

CASE # 2016-15992

DATE AND TIME
OF COLLISION 08/13/16 14:33

